

365 Care Homes Limited

Laburnum Lodge

Inspection report

2 Victoria Street
Littleport
Ely
Cambridgeshire
CB6 1LX

Tel: 01353860490






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Laburnum Lodge is a residential care home providing personal and nursing care to 20 people at the time of the inspection. The service can support up to 22 people. The service provides support mainly to people over 65 years of age some of which are living with dementia. The care home accommodates people in one adapted building.

People's experience of using this service and what we found

Risk assessments and care plans did not always provide staff with all of the information they required to keep people safe. The quality assurance systems in place had not ensured that these issues were identified and the necessary action taken in a timely manner.

The recruitment procedure had been followed to ensure that the right staff were employed. There were enough staff available to meet people's needs in a timely manner. Staff received the training and support they required to carry out their roles effectively. Staff were aware of what to do if they thought anyone had been harmed.

Staff treated people with kindness, respect and upheld their dignity. There was a choice of food and drink and when needed people were supported to eat. People were involved in decisions about their care. People enjoyed the entertainers that came into the home, but other planned activities were limited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 01 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the staff culture. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

We have identified breaches in relation to the management overview of the service. Areas for improvement had not been identified or action taken in a timely manner to make the improvements needed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Laburnum Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Laburnum Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Information about risks were not always comprehensive. Risk assessments were not always in place for known risks. For example, one person had been discharged from hospital with guidance that they should be having mildly thickened fluids. There was no choking risk assessment in place for the person.
- Risk assessments had not always been updated to include new information. For example, one person was at risk of developing pressure sores as they had been advised not to weight bear or walk for three months so that an injury could heal. However, the risk assessment had not been updated to show how they should be encouraged or assisted to reposition regularly in order to prevent pressure sores developing.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the provider's safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- All of the people we spoke with told us they felt safe living at Laburnum Lodge. One person told us, "I feel safe, definitely, they look after me properly."
- Information was available for people and for staff on keeping people safe and how to raise concerns.

Staffing and recruitment

- The recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.
- People's and staff feedback about the staffing levels was positive. One person told us, "If I need help they come straight away." One relative told us, "When I've been here there has been enough staff on (duty)."
- The registered manager stated that the staffing levels were based on how dependent people were and her observations.

Using medicines safely

- Medicines were mainly managed safely. People told us that staff explained what their medicines were for and checked that they wanted to take them before administering them.
- Staff were trained in the administration of medication and their competency was assessed on an annual basis.
- There was no body map in place for the administration of one person's pain relief patch. The staff were not aware that the patch should not be reapplied to the same position for 3-4 weeks to avoid any damage to

the skin.

Preventing and controlling infection

- The service was clean, tidy and free of unpleasant odours.
 - Staff had completed training in how to reduce the risk of infection and followed good practice guidance.
- Cleaning schedules were in place for the domestic staff to follow however, these did not include all areas of the home.

Learning lessons when things go wrong

- The registered manager and nominated individual both stated that they viewed accident and incident reports to see if any further action needed to be taken to prevent a recurrence. We saw evidence that action had been taken, for example, a person had been referred to the falls coordinator when they had experienced several falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person's holistic needs continued to be fully assessed before they are offered a place at the service. Needs were assessed in line current good practice guidance.
- Staff were using hand held devices to record what support they gave to people. This meant that they had more time to provide support and all interactions were recorded at the time they occurred.

Staff support: induction, training, skills and experience

- Training courses and development opportunities were undertaken so that staff had the knowledge and skills to look after people well. Staff confirmed they received lots of training and could always ask for other courses that were relevant to gain further knowledge.
- Staff felt well-supported by the management team, the provider and by each other. Regular supervision sessions enabled staff to discuss any issues and get any further support or training they needed

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to eat and drink sufficient amounts of food and fluids. People told us they were offered alternative choices if they did not like the menu option. One person told us, "I love the food here, I like my meals, the cook is as good as my mum. They come around with a menu and we get a choice. They have lovely homemade cakes."
- The cook was aware of people's food preferences and dietary requirements. However, this information was not available in the kitchen. If the regular cooks were off work this could place people at risk of not receiving the food/drink that they required. The registered manager stated that they would ensure the written information was available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs and provided people with seamless care.
- Referrals to other agencies such as dietician and falls coordinator were made in a timely manner to ensure people received the support they needed.
- People told us they were supported to access healthcare professionals when they needed to. One person told us, "I can ask to see the GP and they will come in. I use the room downstairs to see the optician and I go out to the dentist."

Adapting service, design, decoration to meet people's needs

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. The signage in the home helped people identify bathrooms and toilets.
- Technology and equipment were used effectively to meet people's care and support needs.
- The registered manager stated that they had plans to improve the garden area and make it more inviting to encourage more people to use it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "We have to know what people can do and what they need support with. The MCA is there to protect people who don't have capacity. It's to ensure people have a choice and if they need an advocate they have one."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted. The registered manager had prioritised the DoLS applications but was in the process of applying for everyone that needed it.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. Everyone we talked to spoke positively about the staff and the support they received. One person told us, "Staff are very kind, nothing is too much trouble for them." Another person told us, "Staff are kind, they sit and talk to me." One relative told us, "The staff are perfect."
- People told us that staff had the time to sit and talk to them. One person told us, "The staff are very helpful, they always have time to have a chat."
- Staff had completed training in equality and diversity and told us about the issues they needed to be aware of and how to make their support accessible for all people.

Supporting people to express their views and be involved in making decisions about their care

- People and their families told us that they had been involved in their pre-admission assessments, care plans and reviews. One social care professional that we talked during the inspection confirmed that people and their relatives were invited to review their care. They also told us, "This is very much a family environment. Every time I come I see staff interacting with people. People feel supported, they view the staff as family."
- Relatives told us that they also felt supported by the staff and registered manager and were consulted regarding decisions about their family member.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and kindness. Staff told us how they promoted people's privacy and dignity and always ensured that personal care was carried out behind closed doors. One staff member told us, "I knock on the door, explain what I'm going to do and keep parts of their body covered up (when supporting with personal care) to maintain their dignity."
- Staff encouraged people to remain as independent as possible but offered them support when they required it. One staff member told us, "I encourage people to do what they can, it's important that they can do things for themselves, so they don't feel they have to rely on others."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were at risk of not always being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not always include all of the information that staff required to meet people's needs in a consistent way. For example, one person's care plan stated that they only needed prompting assistance with personal care. However, when we asked three members of staff how they supported the person they all explained that they provided physical support with personal care but in a different way.
- The registered manager stated that the care plans were in the process of being transferred to a new electronic system from the previous one. However due to the system being used and how it generated a care plan it was not clear what people's needs or areas of support always were. For example, the registered manager had told us one person used incontinence pads. However, their care plan showed the person needed assistance to use the toilet, that they had a stoma and a convence. Although this was not the case. We also looked at the care plan on the old system however not all the information was available for this person in this area of personal care.

People's records did not include all relevant current information. People were at risk of not receiving personalised care. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager stated that information could be provided in different formats such as large print. However, this was not needed at present.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities and trips out were limited at Laburnum Lodge. The registered manager stated that they had tried to motivate and encourage people to take part in activities but that they were reluctant to join in. One of the seniors stated that activities did take place but there was no record of them. A few people had been to the local pub for drinks and food and enjoyed it. People said they had enough to do.
- People told us that they enjoyed the two singers that came into the home and the birthday parties organised for people. One person told us that they were able to get out of the home both with family and sometimes with staff to local shops.

Improving care quality in response to complaints or concerns

- The complaint procedure was displayed throughout the service. There had not been any complaints received since the previous inspection although people told us they knew how to raise concerns if needed.

End of life care and support

- The registered manager and staff had the knowledge and training they required to care for people at the end of their life with dignity, respect and in line with their wishes.
- When people had been at the end of their life the registered manager had ensured that the relevant healthcare professionals were involved so that any necessary action such as pain relief could be available immediately if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Action had not been taken to ensure that where needed improvements to the service were made and sustained. Although the provider had a governance system in place this was not working effectively to ensure that where issues had been identified actions had been taken in a timely manner to make the improvements.
- At the last inspection we identified that improvements were needed to make sure care plans were more person centred and contained current information. During this inspection we found that this was still an issue.
- The quality assurance systems in place had not identified that risk assessments were not always updated as necessary when people's needs changed.

Failure to follow the governance systems in place has meant that the areas for improvement have not always been identified or the action needed to make improvements has not been taken in a timely manner. The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All of the staff, people and relatives that we spoke with told us they found the registered manager, management team and care staff approachable. One person told us, "[Registered manager] is a really good manager and will always sort any problems out for us, she always has time for us." The registered manager told us that their office door was always open, so people could walk in and have chat with them at any time.
- We discussed that some family members worked at Laburnum Lodge with the registered manager and the risks it posed. They had taken steps to ensure that family members did not work together and staff were not line managed by a relative.
- Team meetings were held regularly and staff confirmed that they could add to the agenda if they wanted to. Meetings for people that lived at Laburnum Lodge and their relatives were also held. People could raise ideas for activities. However, these had not always been acted upon in a timely manner. Money had been raised for a trip to the seaside but when that was cancelled in September 2019 due to bad weather it was agreed that the money would be spent on a take away for people. However, this had not been organised. The registered manager stated that there was no reason it had not been organised and the money was still

available for this to happen.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's health and welfare needs were met by a range of local healthcare providers, social work teams and community services.
- Records showed that staff supported people to access healthcare appointments to maintain their wellbeing.
- Staff talked positively about the team work at Laburnum Lodge. One staff member told us, "The home is lovely because it's small. We are like a family."
- People living at Laburnum Lodge had completed a satisfaction survey and the results were very positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's records did not include all relevant current information. People were at risk of not receiving personalised care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to follow the governance systems in place has meant that the areas for improvement have not always been identified or the action needed to make improvements has not been taken in a timely manner.